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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/656,339
Filing Date	September 8, 2003
First Named Inventor	Max et al.
Art Unit	
Examiner Name	
Attorney Docket Number	MDS/Hydrate Elevator

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name Kenneth M. Fagin, Esq.

Address 136 Summer Walk Drive

Address

City Gaithersburg State MD Zip 20878

Country

Telephone (301) 721-2583 Fax (301) 721-2583

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Sarah A. Holman

Signature

Date July 26, 2004

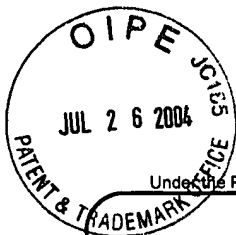
Telephone (202) 466-7337

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/656,339
Filing Date	September 8, 2003
First Named Inventor	Max
Title	Hydrate-Based Desalination wit
Art Unit	
Examiner Name	
Attorney Docket Number	MDS/Hydrate Elevator

I hereby appoint:

☐

Practitioners associated with the Customer Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
Kenneth M. Fagin, Esq.	37,615

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐

The address associated with the above-mentioned Customer Number:

OR

☐

The address associated with Customer Number:

OR

☒Firm or
Individual Name

Kenneth M. Fagin, Esq.

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Telephone

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Fax

(301) 721-2583

I am the:

☐

Applicant/Inventor.

☒Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

Name

Sarah A. Holman; Vice President; Marine Dealination Systems, L.L.C.

Signature

Date

July 26, 2004

Telephone

(202) 466-7337

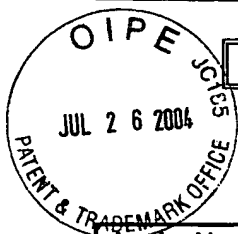
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

*Total of 1 forms are submitted.

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Use 2 postcards for all New Applns. (cont/Div/CIP, too)
Use this sheet when filing CPA

Appln. No: 10/656,339	Atty: Kenneth M. Fagin, Esq.
First Inventor: MAX et al.	Date: July 26, 2004
ENTITLED: Hydrate-Based Desalination with Hydrate-Elevating Density-Driven Circulation	Matter Name: Hydrate Elevator
	Client Name: MDS

ENCLOSED:

☐ Response/Amendment ☐ Appendix ☐ Cover Sheet ☐ Cited/Listed Documents

☐ Completion Request for R 53(f)/PCT Nat.

No. of Pages Abstract

No. of Pages Spec and Claims

No. of Numbered Claims Only

No. of Sheets of Drawings (Figs)

☐ 1 Set Formal ☐ 1 Set Informal ☐ Cover Letter

☐ Declaration ☐ # of pages

☐ Assignment ☐ Cover Sheet

☐ Small Entity Declaration

☐ Extension Petition (PAT-111)

☐ No. of Priority Documents

☐ IDS Letter ☐ Cited Appln(s) ☐ Foreign Sch Rep/OA

☐ PTO-1449 ☐ Cited Documents

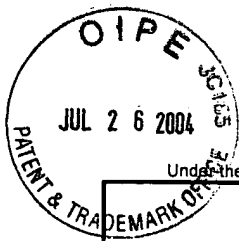
☐ Issue Fee Transmittal Form PTOL-85(b) in duplicate

OTHER:

☐ Statement Under 37 C.F.R. 3.73(b) (PTO/SB/96)
Revocation of Previous Power of Attorney (PTO/SB/82)
Power of Attorney and Correspondence Address Indication (PTO/SB/81)

Current DUE DATE:

(Submit Single Copy Only)



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Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Marine Desalination Systems, L.L.C.

Application No./Patent No.: 10/656,339 Filed/Issue Date: September 8, 2003

Entitled: Hydrate-Based Desalination with Hydrate-Elevating Density-Driven Circulation

Marine Desalination, L.L.C.

a Limited Liability Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or

2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014474, Frame 0655, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

July 26, 2004

Date

(202) 466-7337

Telephone number

Sarah A. Holman

Typed or printed name

Sarah Holman

Signature

Vice President

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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